

WVDCR Inmate Grievance Form

Grievance No. 23-SMOS-752246Inmate Name Clayton Collins3534827
OID #9-29-23
Date of Grievance☒ ADA-related

State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Unit Manager. NO WRITING ON BACK):

In a facility where people are supposed to be treated fairly and impartial, Wexford has taken action to pick & choose who gets treatment and who doesn't based on time till release even though numerous people are suffering from a life threatening disease and qualify for treatment the disregard for HIPAA is scary

Relief Sought (state what you want):

Be treated like everyone else, be placed on MAT program

Inmate's Signature Clay Collins

(The inmate may attach one 8.5 x 11 sheet, if necessary, at this level only)

Unit Manager Response (attach additional sheet if needed)

Accepted ☒Rejected ☐

Reason for rejection:

West Virginia Division of
Corrections & RehabilitationDate: 10-03-2023

Response on Merits if accepted:

Please see attached response

Signature Unit ManagerResolved: ☐ (if so initial and give copy to Unit Manager)Appealed to Superintendent CS (Initial) Date: 10-11-23

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature Clay CollinsDate 10-11-23

Action by Superintendent:

Accepted ☒Rejected ☐

Reason for rejection:

Date: _____

Response on Merits if accepted: ☐ Remand to Unit for further action ☒ Affirm unit and/or deny grievance ☐ Grant the Grievance as specified

Comments: _____

Superintendent's Signature 130622

Date

(Attach additional sheet if necessary)

Resolved: ☐ (if so initial and give copy to Unit Manager)Appealed to Commissioner CS (Initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature Clay Collins

Action by Commissioner:

Accepted ☐Rejected ☐

Response on Merits if accepted:

Affirm Superintendent and deny grievance (Affix final stamp)

Date: OCT 26 2023

Other, memo attached.

Affirmed

Grievance Denied

Central Office

Grievance Review

Clayton Collins

3534827

23-SMCCJ-75-02-246

October 10, 2023

Name

OID#

Grievance No.

Date

Mr. Collins

I have reviewed your grievance. The program is currently paused however when you are closer to a potential release date. Then there are accommodations that can be made once you are eligible to be released.

RECEIVED
OCT 13 2023
ST. MARYS CORRECTIONAL CENTER & JAIL
SUPERINTENDENT'S OFFICE

WVDCR Inmate Grievance Form

Grievance No.

23-SMCL-756-325

Clayton Collins

3534827

OID #

12-4-23

Date of Grievance

ADA-related ☒

State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Unit Manager. NO WRITING ON BACK):

see attached page

Relief Sought (state what you want):

Revise policy so all inmates are treated equal, have access to health care, and those who need program can get it

Clayton Collins

Inmate's Signature

(The inmate may attach one 8.5 x 11 sheet, if necessary, at this level only)

Unit Manager Response (attach additional sheet if needed)

Accepted ☒ Rejected ☐ Reason for rejection:

Date: 12-05-2022

Response on Merits if accepted:

Please see attached response.

um Bon...

Signature

Resolved: (if so initial and give copy to Unit Manager)

Appealed to Superintendent CS (Initial) Date: 12-14-23

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Clayton Collins

Inmate's Signature

Date

12-14-23

Action by Superintendent:

Accepted ☒ Rejected ☐ Reason for rejection:

Date:

Response on Merits if accepted: ☐ Remand to Unit for further action ☒ Affirm unit and/or deny grievance ☐ Grant the Grievance as specified comments

Superintendent's Signature

12-18-23

Date

(Attach additional sheet if necessary)

Resolved: (if so initial and give copy to Unit Manager)

Appealed to Commissioner CS (Initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Clayton Collins

Inmate's Signature

Affirmed

Grievance Denied

Central Office

Grievance Review

JAN 02 2024

Action by Commissioner:

Accepted ☐ Rejected ☐

Date:

Response on Merits if accepted: ☐ Affirm Superintendent and deny grievance (Affix final stamp) ☐ Other, memo attached.

Continued Inmate Grievance - Attachment Page

Pursuant to 42 U.S.C.S. §1997e, WV Code, §25-1A-1, as well as, WVDCR Policy Directive #335.00, it is a prerequisite to perfect the exhaustion of administrative remedies in hopes to resolve the issues grieved, which upon proper review and consideration will prove to have risen to a deliberate violation of State and/or Federal Constitutions, as well as clearly defined and established principles of law. Therefore, in good faith I submit the following in an effort to correct the noted issues and violations.

Wexford medical is being allowed to operate with complete deliberate indifference in regards to the sublocade program, Even though we are protected against acts like this in the 8th Amendment. Since mid to late October at least 3 people with two (2) years or even more to parole have been started on the program, I who have less than five (5) month to parole have been told thats to much time to receive help, even though there laws that contradict that. Instead I've been forced by coercion to take another medication which is causing great discomfort and after (4) four additional sick calls has not been remedied.

RECEIVED

DEC 18 2023

ST. MARYS CORRECTIONAL CENTER & JAIL
SUPERINTENDENT'S OFFICE

Clayton Collins

3534827

23-SMCCJ-75-06-325

December 13, 2023

Name

OID#

Grievance No.

Date

Mr. Collins

I have reviewed your grievance. The program is currently paused however when you are closer to a potential release date. Then there are accommodations that can be made once you are eligible to be released.

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DEC 18 2023
ST. MARYS CORRECTIONAL CENTER & JAIL
SUPERINTENDENT'S OFFICE

ONE STAPLE ONLY

WVDCR Policy Directive 335.00

27 May 2022

Attachment #2

GENERAL DISTRIBUTION

WVDCR Inmate Grievance Form

Grievance No. 24-SMCE-F3-2-46Clayton Collins353482703-19-2024

Inmate Name

OID #

Date of Grievance



ADA-related

State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Unit Manager. NO WRITING ON BACK):

I've put in over a dozen sick calls concerning help with MAT program. when or even just if I've been called to medical, which has may be been 1/4 of the time, I've been referred to some Doctor that still have never seen. Furthermore when my loved one's called (see attachment) →

Relief Sought (state what you want):

be placed on sublocade program

Clay Collins

(The inmate may attach one 8.5 x 11 sheet, if necessary, at this level only)

Inmate's Signature

Unit Manager Response (attach additional sheet if needed)

Accepted ☒ Rejected ☐ Reason for rejection: _____ Date: 4/3/2024

Response on Merits if accepted:

See attached response from SM CCT Medical &

Signature

RECEIVED

Resolved: _____ (if so initial and give copy to Unit Manager)

Appealed to Superintendent CSL (Initial) Date: 04-03-24

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

ST. MARKS CORRECTIONAL CENTER & JAIL
SUPERINTENDENT'S OFFICE

Inmate's Signature

Date

Action by Superintendent:

Accepted ☒ Rejected ☐ Reason for rejection: _____ Date: _____Response on Merits if accepted: ☐ Remand to Unit for further action ☒ Affirm unit and/or deny grievance ☐ Grant the Grievance as specified

Comments

Superintendent's Signature

Date

Resolved: _____ (if so initial and give copy to Unit Manager)

Appealed to Commissioner CSL (Initial) 04-15-24

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

RECEIVED

Inmate's Signature

Date

Action by Commissioner:

Accepted ☒ Rejected ☐ Reason forResponse on Merits if accepted: ☒ Affirm S

Affirmed

Grievance Denied

Central Office

Grievance Review

W. Virginia Division of
C Date: APR 22 2024
Rehabilitation
Other, memo attached.



Continued Inmate Grievance – Attachment Page

Pursuant to 42 U.S.C.S. §1997e, WV Code, §25-1A-1, as well as, WYDCR Policy Directive #335.00, it is a prerequisite to perfect the exhaustion of administrative remedies in hopes to resolve the issues grieved, which upon proper review and consideration will prove to have risen to a deliberate violation of State and/or Federal Constitutions, as well as clearly defined and established principles of law. Therefore, in good faith I submit the following in an effort to correct the noted issues and violations.

the office with Ayne Amjad, M.D. MPH in Charleston, there told that "There's a 90 day acclimation period for Sublocade medication and it's recommended that a person (inmate) take the medication for a minimum of 90 days before there release so they can be fully acclimated to it." So either representative's of Wexford or the DCR are knowingly and willfully using deliberate indifference denying me treatment that numerous other people receive everyday (who have much longer time to estimated release) along with intentionally placing me at a greater risk of injury upon release if granted parole by denying me the recommended acclimation period.

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APR 08 2024

ST. MART'S CORRECTIONAL CENTER & JAIL
SUPERINTENDENT'S OFFICE



March 29, 2024

R/E: Clayton Collins

OIS # 3534827

Grievance # 24-SMCCJ-83-2-46

This is in answer to the grievance received in my office March 29, 2024. You see the parole board in April 2024. At this time you do not have an approved home plan. If you can get an approved home plan before seeing the parole board, it works in your favor when you are granted parole to get started on the Subutex program. Your discharge date is not until January of 2037, so starting before discharge is sometime off and the program will more than likely change by then. So, we can wait to see if you make parole and get an approved home plan or we can start you on oral naltrexone again. You took 27 doses of the 50mg before we increased it to 100mg. Once it was increased to 100mg you did not come to pill line for 7 days, you took a dose on day eight and on day nine after the increase, then never took anymore. You did not even give the increased dosage a chance to see if it would help or not. Any more questions or concerns please submit an HSR.

Thank you,

Carla Deem RN HSA

Carla Deem, RN HSA

Wexford Health Sources

St Mary's Correctional Center

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APR 08 2024
ST. MARYS CORRECTIONAL CENTER & JAIL
SUPERINTENDENT'S OFFICE